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Washington, DC 20231
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Bib Data Sheet

CONFIRMATION NO. 3731

SERIAL NUMBER 09/754,547	FILING DATE 01/03/2001 RULE	CLASS 707	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 4239P003	
APPLICANTS Alain T. Rappaport, San Mateo, CA;					
** CONTINUING DATA ***** This appln claims benefit of 60/174,369 01/04/2000 and claims benefit of 60/140,102 06/18/1999					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/15/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY CA	SHEETS DRAWING 15	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 7
ADDRESS 08791					
TITLE Method, apparatus and system for providing targeted information in relation to laboratory and other medical services					
FILING FEE RECEIVED 904	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



UNITED STATES PATENT AND TRADEMARK OFFICE

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CONFIRMATION NO. 3731

SERIAL NUMBER 09/754,547	FILING DATE 01/03/2001 RULE	CLASS 707	GROUP ART UNIT 2171	ATTORNEY DOCKET NO. 4239P003
APPLICANTS Alain T. Rappaport, San Mateo, CA;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/174,369 01/04/2000 WHICH CLAIMS BENEFIT OF 60/140,102 06/18/1999				
** FOREIGN APPLICATIONS ***** <i>None PP</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/15/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Rachelle P</i> Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 15	TOTAL CLAIMS 56
				INDEPENDENT CLAIMS 7
ADDRESS 08791				
TITLE Method, apparatus and system for providing targeted information in relation to laboratory and other medical services				
FILING FEE RECEIVED 904	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	